



Healthy Workplace, **Healthy Workforce**

2014 BENEFITS GUIDE



Celebrate Life! ●●●●●

Your Benefits

Thank you for everything you do for Fulton County. Every day, our residents and visitors alike experience your dedication and commitment to our community.

A comprehensive benefits package is one of the ways we recognize your daily contributions to the County. We offer the following programs to you and your family:

Your Benefit Options

- Medical/Pharmacy Coverage
- Dental Coverage
- Vision Care
- Life insurance
 - Basic Life insurance and Accidental Death & Dismemberment (AD&D)
 - Supplemental Life
 - Dependent Life
- EAP/Mental Health
- Flexible Spending Accounts
 - Health Care Flexible Spending Account
 - Dependent Care Flexible Spending Account
 - Transit Benefit
- Accident Insurance
- Critical Illness
- Endowment Life (formerly known as Whole Life)
- Disability Coverage
 - Long-Term disability
 - Voluntary Short-Term disability
- Additional Benefit Options
 - Short-Term Disability
 - Accident Plan
 - Universal Life Insurance
 - Critical Illness
 - Tonik Health Care Plans

IMPORTANT

You will be asked to do the following:

- Verify your dependents' information and provide social security numbers for all dependents
- Enroll in or confirm your benefit elections for 2014

If you do not enroll or confirm your benefit elections by the designated deadline:

- You risk having inaccurate dependent and beneficiary information on file. If this information is inaccurate, you may not be able to access your benefits January 1.
- **New hires:** You will be automatically enrolled in the Consumer-driven Health Plan, Dental and Vision, employee-only coverage. No other benefits will be available until the following open enrollment period (unless you have a “qualifying life status change,” see page 6).

Privacy

Please be aware that your personal data, including any nonpublic information we receive when enrolling you in your individual and group benefits, is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA). If you have any questions about our HIPAA privacy and security policies and procedures, please contact Benefit Harbor at 877-305-3801.

How to Enroll

Option 1: Online Self-Service



This year, benefits will be enrolled through an online system that can be accessed through any internet-enabled computer you may have access to at home or work. Please review the information in this Benefits Guide carefully so you are familiar with your options when you are ready to enroll. The system will walk you through your enrollment benefit-by-benefit.

After you complete your enrollment, the system will produce a Confirmation statement. ([Your benefits have not been submitted until you select the enrollment completed button on the Benefit Summary page](#)). Please review the Confirmation statement and notify Benefit Harbor immediately of any errors.

Please see the following page for detailed instructions on getting started with the online enrollment. Please note, the online enrollment period ends on **November 1, 2013**.



If you experience any difficulty during the online enrollment process, you may call Benefit Harbor, our program service provider, at **1-877-305-3801** (8:30am-8:00pm EST, Monday-Thursday and 8:30am-5:00pm EST on Fridays), until October 25, 2013.



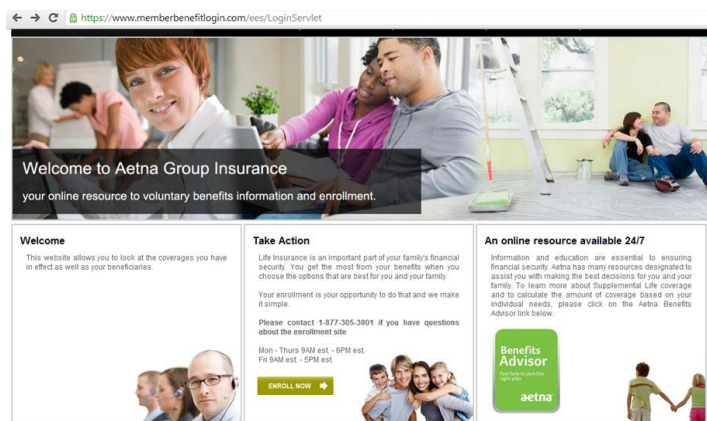
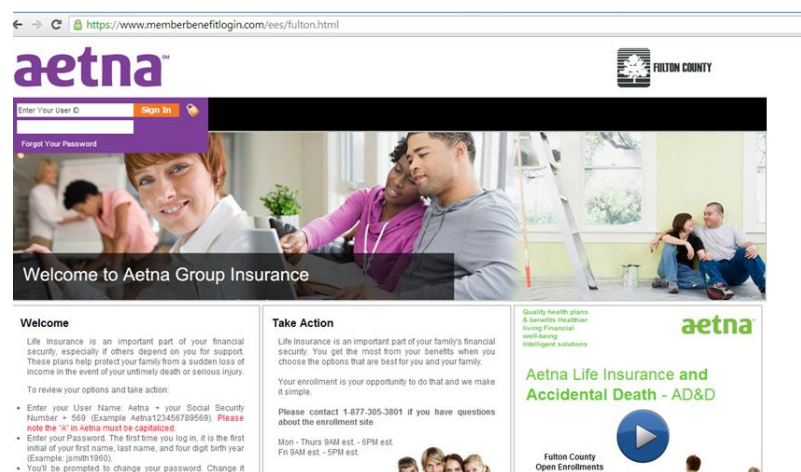
Welcome to Benefit Harbor

Benefit Harbor is your benefit information resource for the Fulton County Benefit Program. We provide you with the tools and information to make the most of your benefits. We are available year-round—online or by phone.

There are Two Ways to Enroll:

- 1) Call the dedicated phone line at 1-877-305-3801 to speak with a professional Benefits Counselor. Or,
Enrollment hours: M-Th 8:30am-8:00pm EST; F- 8:30am-5:00pm EST (available 24/7 through 10/25/2013)
 - 2) Log on to the Fulton County website at: www.memberbenefitlogin.com/fultoncounty and follow these instructions.
- You'll need your name, date of birth, Social Security number and password to access the site.
 - Your User ID = Aetna followed by SS + 56
 - Your temporary password is first initial- last name- year of birth
 - For example: Ssunshine1967

See Screens shots that follow



General Information

Employee Eligibility

Permanent employees, working at least 50% of a scheduled work week are eligible to participate in benefits. Employees hired on or before September 11, 2013 may participate in the online/telephonic open enrollment. Employees hired after that date must remain in the benefit plans they elected during their new hire orientation until the next annual open enrollment period.

Dependent Eligibility

Before you begin enrolling in your benefits, the online system will require you to update your dependent information, if necessary. Please be sure to have all of your dependents' information available at the time of enrollment, including birthdates and Social Security numbers.

Eligible dependents include your spouse/domestic partner and children as defined below:

- Legally-married spouse.
- Domestic partner. If you wish to enroll your domestic partner, you must first complete a domestic partner affidavit and submit it to the County's Employee Benefits Division before the open enrollment deadline. The affidavit is available from the Clerk to the Commission office.

Domestic Partner: A domestic partner is of the same sex with whom you are in a certified committed relationship.

- Children ages 19-26, including natural, adopted, and stepchildren living with you, regardless of student status, marital status or residence.
- Eligible children with a mental or physical handicap that occurred before the child's 19th birthday, and who are incapable of self-sustaining employment. (Please note: you are required to provide a doctor's verification of your child's disability.)
- All dependents require documentation to verify their dependent status (birth certificate, marriage certificate, etc.).

Failure to provide supporting documentation for new dependents being added will delay eligibility for that dependent. Please be sure to fax these documents to 610-889-9128.

When Benefits Become Effective

All coverage elected during open enrollment will become effective 01/01/2014.

Medical, Dental and Vision: Benefits begin on the first day of the month in which you receive two paychecks from which the appropriate deductions have been taken.

Example: If you receive two paychecks in October, benefits begin on October 1st. If you are hired in the middle of October and receive one paycheck in October, benefits begin on November 1st.

Life Insurance and Long-Term Disability: Benefits begin one month after you become eligible for Medical coverage.

Endowment Life through Boston Mutual takes effect when the application is signed, subject to guaranteed issue limits.

Voluntary Short-Term Disability through Boston Mutual takes effect as of the issue date of coverage.

Critical Illness through Boston Mutual takes effect on the date signed, subject to a 30-day waiting period.

Accident through Boston Mutual takes effect at 11:59pm on the date of the signed application.

(General Information, continued next page)



General Information, continued

Making Changes

No changes are allowed to your pre-tax benefit elections during the plan year, except for a qualified status change event. A qualified status change that could result in changes to your coverage includes:

- Marriage, divorce, or legal separation
- Birth, adoption, or legal guardianship of a child
- Death of a spouse or child
- A dependent reaches age 26 and must be dropped at the end of their birth month
- Your spouse's loss or gain of employment that affects benefits
- Loss of other group medical coverage if previously you did not elect coverage under this Plan
- Medicare entitlement

If you experience a qualified status change, you must notify Fulton County's Benefit Office at **1-404-612-7635** within 31 days of the change. If you do not do so within 31 days, you must wait until the next open enrollment period to make changes to your pre-tax elections.

Please note that the IRS requires that any change in your elections be consistent with your qualifying status change. In addition, you will be asked to provide proof of the qualifying event, such as a marriage license or birth certificate to cover your dependents. You can review a confirmation of your elections by going online at www.memberbenefitlogin.com/fultoncounty.



Fulton County
2014 Health Insurance Rates & Contributions
Medical Insurance Rate Contributions for Active Employees

EMPLOYEES				
2014	Monthly County Contributions	Monthly Employee Contributions	Bi-weekly County Contributions	Bi-weekly Employee Contributions
HRA Plan				
Employee	\$320.67	\$80.17	\$160.33	\$40.08
Employee + 1	\$612.97	\$153.24	\$306.49	\$76.62
Family	\$799.13	\$199.78	\$399.56	\$99.89
HMO Plan				
Employee	\$397.21	\$112.03	\$198.60	\$56.02
Employee + 1	\$759.28	\$214.16	\$379.64	\$107.08
Family	\$989.87	\$279.19	\$494.93	\$139.60
PPO Plan				
Employee	\$748.48	\$276.83	\$374.24	\$138.42
Employee + 1	\$1,381.47	\$510.95	\$690.73	\$255.48
Family	\$1,874.51	\$693.31	\$937.25	\$346.66
2014 Dental Insurance Rate Contributions				
2014	Monthly County Contributions	Monthly Employee Contributions	Bi-weekly County Contributions	Bi-weekly Employee Contributions
Employee	\$23.78	\$7.93	\$11.89	\$3.96
Employee + 1	\$48.63	\$16.21	\$24.31	\$8.10
Family	\$63.73	\$21.24	\$31.86	\$10.62
2014 Vision Insurance Rate Contributions				
VISION EMPLOYEES / RETIREES				
2014	Monthly County Contributions	Monthly Employee Contributions	Bi-weekly County Contributions	Bi-weekly Employee Contributions
Employee	\$9.33	\$6.76	\$4.66	\$3.38
Employee + 1	\$9.33	\$6.76	\$4.66	\$3.38
Family	\$9.33	\$6.76	\$4.66	\$3.38
2014 Life Insurance Rate Contributions				
LIFE EMPLOYEES / RETIREES				
2014	Monthly County Contributions	Monthly Employee Contributions	Bi-weekly County Contributions	Bi-weekly Employee Contributions
Life B (50K)	\$4.74	\$1.56	\$2.37	\$0.78
Life D (10K)	\$3.21	\$1.08	\$1.61	\$0.54
Lifes	\$7.50 per \$25,000 Employee paid		\$3.75 per \$25K	



Your Medical Benefits

In our effort to provide you and your family with high-quality, affordable medical coverage, we offer the following medical plans from BlueCross BlueShield of Georgia (BCBSGA):

- BlueChoice HMO
- BlueChoice PPO
- Consumer Driven Health Plan

Each plan has unique features and advantages, so please review the following information carefully.

Plan Highlights

BlueChoice HMO

- Care must be received by in-network providers to be eligible for benefits
- You are generally responsible for a copay for covered services
- Preventive/wellness is covered at 100%
- You must select a Primary Care Physician (PCP) to coordinate your care and refer you to specialists. If you do not select a PCP, one will be assigned to you. Please note, you may change your PCP at any time. If you change your PCP prior to the 25th of the month, the change will become effective on the 1st of the following month.
- Employees can self-refer to the following specialists: OB/GYN's and dermatologists.

BlueChoice PPO:

- Preventive/wellness covered at 100%.
- Care may be received by either in- or out-of-network providers to be eligible for benefits (the Plan typically pays higher benefits when care is received from an in-network provider.
- After meeting your deductible, the Plan pays a percentage of covered expenses, up to the annual Out-of-Pocket Maximum. All remaining covered expenses for the year are paid at 100% once you meet the Out-of-Pocket Maximum.

BlueChoice Consumer Directed Health Plan (CDHP):

- Preventive/wellness covered at 100%.
- Puts you in control of your routine care.
- County provides health care dollars (in an account) for you to spend the way you want on covered health care services.
- If your expenses exceed the health care dollars in your account, you pay a deductible and co-insurance up to a certain amount. This plan is designed like a traditional PPO with an in- and out-of-network benefit.

Prescription Drug Benefits

The plan options also include prescription drug coverage through Retail and Mail Order drug Programs. Your medical ID card is also your prescription ID card.

- Retail Program: A 30-day supply of your medication for immediate and short-term prescription drug needs. Most retail pharmacies are in the network. To find in-network pharmacies, please visit www.bcbsga.com or call 1-800-474-2227.
- Mail Order: A 90-day supply of your medication for ongoing medical conditions (such as high blood pressure, asthma, etc.).

Under the Plan, you have a choice of using generic or brand-name drugs. If you request a brand-name drug when a generic is available, you will pay the brand copay plus the difference in cost between the generic drug and the cost of the brand-name drug.

Example: If you are currently taking a 30-day supply of a brand-name drug that costs \$100 and its generic equivalent is available for \$30, you will pay \$95 for your prescription: \$25 brand-name copay Plus \$70 (the difference in cost between the generic at \$30 and the brand name at \$100).
(Your Medical Benefits, continued next page)

Your Medical Benefits, continued

Mental Health/Substance Abuse Benefits

Benefits shown in the following Plan overviews are available to all Fulton County active or retired employees and their dependents who are participating in the Medical plan. For additional information or authorization for benefits, please call **1-800-474-2227**.

Plan Summaries

The following Plan Summaries illustrate the Medical options in more detail. Please review them carefully.



BlueChoice HMO

Benefits	
Annual Deductible <ul style="list-style-type: none"> Individual Family 	<ul style="list-style-type: none"> none none
Annual Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	<ul style="list-style-type: none"> none none
Lifetime Maximum	Unlimited
Outpatient Doctor Visit <ul style="list-style-type: none"> Primary Care Physician Specialist 	<ul style="list-style-type: none"> Plan pays 100% after \$25 copay Plan pays 100% after \$35 copay
Preventive Care <ul style="list-style-type: none"> Physical Assessments Well Child Care Immunizations Mammograms, Pap tests Prostate exam 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%
Hearing Aid Benefit	Plan pays 100% up to \$2,000 annual maximum
Outpatient Lab & X-Ray	Plan pays 100%
Hospital Emergency Room (waived if admitted)	Plan pays 100% after \$90 copay
Urgent Care	Plan pays 100% after \$35 copay
Inpatient Hospitalization	Plan pays 100% after \$120 per admission copay
Outpatient Surgical Facility (per visit)	Plan pays 100% after \$120 copay
Maternity Care <ul style="list-style-type: none"> Pre/Post Delivery exams Delivery 	Plan pays 100% after \$25 PCP or \$35 OB/GYN copay for initial visit Plan pays 100% after \$120 copay per admission Plan pays 100% after \$120 copay for professional fees/doctor
Skilled Nursing Facility	Plan pays 100% (up to 120 days/year)
Home Health Care	Plan pays 100% (up to 120 days/year)
Mental Health Benefits <ul style="list-style-type: none"> Outpatient Inpatient Intermediate/Alternative Care 	<ul style="list-style-type: none"> Plan pays 100% after \$25 Plan pays 100% after \$120 copay Plan pays 100%
Prescription Drugs Retail <ul style="list-style-type: none"> Generic Preferred Brand name Non-Preferred Brand name Self-Administered injectable Product 	Participating Pharmacy through BCBSGA <ul style="list-style-type: none"> \$10 copay \$25 copay \$45 copay \$60 copay
Mail Order <ul style="list-style-type: none"> Generic Preferred Brand name Non-Preferred Brand name Self-Administered injectable Product 	<ul style="list-style-type: none"> \$15 copay \$45 copay \$90 copay \$120 copay

BlueChoice PPO

Benefits	In-Network	Out-of-Network
Annual Deductible <ul style="list-style-type: none"> Individual Family 	<ul style="list-style-type: none"> \$300 \$600 	
Annual Out-of-Pocket Maximum (includes deductible) <ul style="list-style-type: none"> Individual Family 	<ul style="list-style-type: none"> \$1,800 \$3,600 	
Lifetime Maximum	Unlimited	
Outpatient Doctor Visit	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care <ul style="list-style-type: none"> Physical Assessments Well Child Care immunizations Mammograms, Pap tests Prostate exam 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%
Hearing Aid Benefit	Plan pays 80%, no deductible	Plan pays 80%, no deductible
Outpatient Lab & X-Ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospital Emergency Room (waived if admitted)	Plan pays 80% after \$90 copay per visit, waived if admitted	Plan pays 80% after \$90 copay per visit, waived if admitted
Inpatient Hospitalization	After \$120 copay, Plan pays 80% after deductible	Plan pays 80% after \$120 copay after deductible
Outpatient Surgical Facility (per visit)	After \$120 copay, Plan pays 80% after deductible	After \$120 copay, Plan pays 60% after deductible
Maternity Care <ul style="list-style-type: none"> Pre/Post Delivery exams Delivery 	After \$120 copay, Plan pays: <ul style="list-style-type: none"> 80% after deductible 80% after deductible 	After \$120 copay, Plan pays: <ul style="list-style-type: none"> 60% after deductible 60% after deductible
Skilled Nursing Facility	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Home Health Care	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Mental Health Benefits <ul style="list-style-type: none"> Outpatient Inpatient* Intermediate/Alternative Care* *Requires prior authorization	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 100% after \$120 copay Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 60% after deductible Plan pays 60% after deductible Plan pays 60% after deductible
Prescription Drugs Retail <ul style="list-style-type: none"> Generic Preferred Brand Name Non-Preferred Brand Name Self-Administered Injectable Product 	Participating Pharmacy through BCBSGA <ul style="list-style-type: none"> \$10 copay \$25 copay \$45 copay \$60 copay 	
Mail Order <ul style="list-style-type: none"> Generic Preferred Brand name Non-Preferred Brand name Self-Administered Injectable Product 	<ul style="list-style-type: none"> \$15 copay \$45 copay \$90 copay \$120 copay 	



BlueChoice Consumer Driven Health Plan (CDHP)

Benefits	In-Network	Out-of-Network
Annual Account <ul style="list-style-type: none"> Individual Employee + 1 (child or spouse) Family 	<ul style="list-style-type: none"> \$500 \$1,000 \$1,500 	
Annual Deductible <ul style="list-style-type: none"> Individual Employee + 1 (child or spouse) Family 	<ul style="list-style-type: none"> \$1,000* \$2,000* \$3,000* <p>*Account credits will reduce this amount</p>	
Annual Out-of-Pocket Maximums <ul style="list-style-type: none"> Individual Employee + 1 (child or spouse) Family 	<ul style="list-style-type: none"> \$2,000* \$4,000* \$6,000* <p>*Account credits will reduce this amount</p>	
Lifetime Maximum	Unlimited	
Outpatient Doctor Visit	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care <ul style="list-style-type: none"> Physical Assessments Well Child Care Immunizations Mammograms, Pap tests Prostate exam 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% 	not covered
Hearing Aid Benefit	Plan pays 80%, no deductible	Plan pays 80%, no deductible
Outpatient Lab & X-Ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospital Emergency Room (waived if admitted)	Plan pays 80% after \$90 copay per visit, waived if admitted	Plan pays 60% after \$90 copay per visit, waived if admitted
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgical Facility (per visit)	Plan pays 80% after deductible	Plan pays 60% after deductible
Maternity Care <ul style="list-style-type: none"> Pre/Post Delivery exams Delivery 	Plan pays: <ul style="list-style-type: none"> 80% after deductible 80% after deductible 	Plan pays: <ul style="list-style-type: none"> 60% after deductible 60% after deductible
Skilled Nursing Facility	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Home Health Care	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Mental Health Benefits <ul style="list-style-type: none"> Inpatient Outpatient Intermediate/Alternative Care* <p>*Requires prior authorization</p>	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 60% after deductible Plan pays 60% after deductible Plan pays 60% after deductible
Prescription Drugs (*Pharmacy Benefits Retail) <ul style="list-style-type: none"> Generic Formulary/Preferred Brand Formulary/Non-Preferred 	<ul style="list-style-type: none"> 20% (\$10 min, \$50 max) 20% (\$25 min, \$80 max) 20% (\$45 min, \$125 max) 	<ul style="list-style-type: none"> 40% (\$20 min, \$100 max) 40% (\$50 min, \$160 max) 40% (\$90 min, \$250 max)
Mail Order	<ul style="list-style-type: none"> 2x retail 	

MY MEDICAL BENEFIT ELECTION

Plan	Coverage Level	Employee Per Pay Cost	Fulton County Per Pay Cost
	<input type="checkbox"/> Employee Only		
	<input type="checkbox"/> Employee + 1		
	<input type="checkbox"/> Family	\$ _____	\$ _____
	<input type="checkbox"/> Waive Coverage		
BlueChoice PPO	<input type="checkbox"/> Employee Only		
	<input type="checkbox"/> Employee + 1		
	<input type="checkbox"/> Family	\$ _____	\$ _____
	<input type="checkbox"/> Waive Coverage		
BlueChoice CDHP	<input type="checkbox"/> Employee Only		
	<input type="checkbox"/> Employee + 1		
	<input type="checkbox"/> Family	\$ _____	\$ _____
	<input type="checkbox"/> Waive Coverage		

Primary Care Physician id (for HMO plan only): _____

If waiving coverage, you must provide evidence of major medical coverage to the Fulton County Employee Benefits Office before the open enrollment deadline.



It pays to choose Grady Health System for quality health care. Here's why:



At Blue Cross and Blue Shield of Georgia (BCBSGa), we believe that quality health care should be affordable for Fulton County employees. That's why we've teamed up with Grady Health System to give you access to the care you need, while helping you save money at the same time!

Quality health care you deserve*

We're proud to have Grady Health System as one of our network providers in Georgia. Grady is one of the largest public hospital systems in the Southeast and a world-renowned teaching hospital.

A leader in health care, Grady Health System is known for its cutting-edge services including:

- State-of-the-art Level 1 MARCUS Trauma Center
- Nationally certified Marcus Stroke & Neuroscience Center and Georgia Cancer Center for Excellence
- Nationally acclaimed Grady Burn Center
- A renowned Diabetes Center
- Ponce de Leon Center – one of the top three HIV/AIDS outpatient clinics in the country
- The first comprehensive Sickle Cell Center in the world

No copayments to help you save

As a Fulton County employee and BCBSGa member, we want to make sure you can afford to choose Grady's quality health care services whenever you need them.

That's why your health plan will no longer require a co-payment when you use the following Grady Health System services:

- Inpatient services: No co-payment needed for hospitalizations, inpatient testing and more.
- Outpatient services: No co-payment needed for doctor visits, outpatient treatment, and other services.
- Neighborhood health centers: No co-payment needed for visits to Grady's neighborhood health centers.

Start lowering your health care costs today!

Choose Grady Health System every time you want to save on quality health care. For more information, talk to your Fulton County Benefits Administrator.



Choose Grady Health System every time you want to save on quality health care. For more information, talk to your Fulton County Benefits Administrator.

Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association.

The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

* Source for all statistics and information: gradyhealth.org

Grady neighborhood health centers and doctors are part of your health plan

You now have more choices for your health care needs. Enjoy in-network benefits at the following locations. And there's no co-pay at Grady's neighborhood health centers.



North DeKalb Health Center

3807 Clairmont Road
Chamblee, GA 30341

Phone: 404-616-0700

Fax: 404-616-3078

Hours: 8 a.m.–5 p.m., Monday–Friday

Physicians at this location:

Xuexin Tang, MD, Family Medicine
Sue Anne Brenner, MD, Internal Med
Jan Douglas, MD, Family Med
Belete Feleke, MD, Family Med
Emily Herndon, MD, Family Med
Hogai Nassery, MD, Family Med
Dawn Swaby-Ellis, MD, Peds

Asa G. Yancey, Sr. MD Health Center

1247 Donald Lee Hollowell Pkwy
Atlanta, GA 30318

Phone: 404-616-2265

Fax: 404-616-2825

Hours: 8 a.m.–5 p.m., Monday–Friday

Physicians at this location:

Irshad Syed, MD, Family Med & Geriatrics,
Mamie Phillips, MD, Peds
Michael Rafferty, MD, Internal Med
Betti Jo Steele, MD, Peds
Michelle Todd, MD, Family Med

Kirkwood Family Medicine

1863 Memorial Drive
Atlanta, GA 30317

Phone: 404-616-9304

Fax: 404-616-9333

Hours: 8 a.m.–5 p.m., Monday, Tuesday,
Wednesday, Friday

Hours: Thursday: 8 a.m.–7 p.m.

Physicians at this location:

Karen Duncan, MD, Peds,
Barry Fioranelli, MD, Family Med
Aruna Panini, MD, Family Med

North Fulton Health Center

7741 Roswell Road
Sandy Springs, GA 30350

Phone: 770-612-2273

Fax: 770-394-2106

Hours: 8 a.m.–5 p.m., Monday–Friday

Physicians at this location:

Doris Munoz, MD, Family Med,
Ann Hoos-Young, MD, Family Med
Aixa Silvera-Schwartz, MD, Peds
Humaira Syed, MD, Family Med



Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Your Dental Benefit

Your teeth are meant to last you a lifetime. Because dental care is an important part of your overall health. Fulton County offers a Comprehensive Aetna Dental Plan to you and your family.

Plan Highlights

- The Plan provides comprehensive dental coverage
- Receive care from any dental provider of your choosing anywhere in the world
- You may change dentists at any time
- Please note that there are advantages to receiving care from an in-network provider:
- When you receive care from an in-network dental provider, you do not need to complete a claim form – you simply pay the required copay and/or deductible.
- When you receive care from an out-of-network dental provider, you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees. In addition, you may be required to pay the entire cost at the time of treatment and wait for reimbursement.
- To find a dentist or to check on whether your dentist is in-network with Aetna, go to www.aetna.com, click "find a doctor", go to "not a member" select the "search By name" tab, under "search for:" select "dentists/dental Professionals". Then enter the name of your dentist. Enter search category zip code, city, or county. Go to select a Plan: under the shaded section select "dental PPO/PDN with PPO ii networks".
- If a member is looking for a new dentist they would just skip the step of entering the name of their dentist.

Plan Summary

Aetna Dental Plan Features	Member Copay
Calendar Year Deductible <ul style="list-style-type: none">• Individual• Family	<ul style="list-style-type: none">• \$50• Up to \$150
Calendar Year Maximum	<ul style="list-style-type: none">• \$1,500 per individual
Diagnostic & Preventive	<ul style="list-style-type: none">• 100% of reasonable & customary expenses
General Services	<ul style="list-style-type: none">• 85% of reasonable & customary expenses
Major Services	<ul style="list-style-type: none">• 50% of reasonable & customary expenses
Orthodontia <ul style="list-style-type: none">• Deductible• Lifetime Maximum	<ul style="list-style-type: none">• \$50 per person• \$1,500 per individual

For More Information... After you enroll, Aetna will mail an ID card to your home. For additional information or to find a participating provider, please visit www.aetna.com or call **1-877-238-6200**

MY DENTAL BENEFIT ELECTION

Coverage Level	Employee Per Pay Cost	Fulton County Per Pay Cost
<input type="checkbox"/> Employee Only		
<input type="checkbox"/> Employee + 1		
<input type="checkbox"/> Family	\$ _____	\$ _____
<input type="checkbox"/> Waive Coverage		



Your EyeMed Vision Plan

To help you and your family receive quality eye care, Fulton County offers vision coverage through Eye Med Vision Care.

Plan Highlights

- Access to over 30,000 vision care providers – such as optometrists, ophthalmologists and opticians – at 16,000 locations nationwide, including leading optical retailers such as Lens Crafters, Sears Optical, and most Pearle Vision locations.
- Coverage for eye exams, lenses and frames once every 12 months.
- When you use an in-network provider, you receive a free eye exam and up to \$200 per year for lenses, frames, and contact lenses. You even receive a 20% discount on items not fully covered by the Plan.
- There is no deductible.

To use the plan, locate a vision provider near you, schedule an appointment and present your member ID card at the time of your visit.

Plan Summary

Vision Benefits	What's Covered	
Examination	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Provider Services	In-Network Benefit	Out-of-Network Benefit
Examination	Plan pays 100% up to \$50	up to \$50 allowance
Eye Glass Lenses and Frames	up to \$200 allowance	up to \$100 allowance
Contact Lenses (in lieu of glasses and frames)	up to \$200 allowance (or 100% if medically-necessary)	up to \$160 allowance (up to \$200 if medically-necessary)

For More Information... After you enroll, EyeMed will mail an ID card to your home. For additional information or to find a participating Eye Care Provider, please visit www.eyemedvisioncare.com or call **1-866-723-0513**. If you elect vision coverage, all eligible dependents will be enrolled for the same cost.

MY VISION BENEFIT ELECTION

Coverage Level	Employee Per Pay Cost	Fulton County Per Pay Cost
If you elect Vision Coverage, all eligible family members will be enrolled.	\$ _____	\$ _____
<input type="checkbox"/> Waive Coverage		



Life Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

You must enroll in the Basic Life and AD&D coverage. However, to make it easy to afford, the County pays 75% of the cost of coverage. You pay only 25%.

Your Basic Life benefit is \$50,000. You also receive \$50,000 in AD&D coverage. Plan benefits reduce to \$10,000 when you retire.

Supplemental Term Life

You may purchase Supplemental Life insurance on an after-tax basis if you would like more coverage than your Basic Life and AD&D amount. You may purchase up to an additional \$150,000 in multiples of \$25,000.

If you purchase Supplemental Life when you are first eligible, proof of good health is not required. However, if you waive coverage and then wish to enroll during a future enrollment period, proof of good health will be required.

Spouse Term Life Insurance

You may purchase \$10,000 in coverage for your spouse. Proof of good health is required.

Dependent Term Life Insurance

For one low price, you may also elect \$10,000 in coverage for your spouse and each dependent child (age 15 days to 25 years) on an after-tax basis. For dependent children from live birth to age 14 days, you may only elect \$100 of coverage.

Beneficiary Designation

When you enroll in life insurance, you will need to designate a beneficiary. Please have that information ready when you begin your online enrollment.

MY BASIC LIFE AND AD&D BENEFIT

Benefit Amount

\$50,000

Per Pay Cost

\$ _____

MY SUPPLEMENTAL TERM LIFE BENEFIT ELECTION

Benefit Amount

\$25,000

Employee Per Pay Cost

\$ _____

\$50,000

\$ _____

\$75,000

\$ _____

\$100,000

\$ _____

\$125,000

\$ _____

\$150,000

\$ _____

☐ Waive Coverage

MY SPOUSE TERM LIFE BENEFIT ELECTION

Benefit Amount

\$10,000

Employee Per Pay Cost

\$ _____

☐ Waive Coverage

MY DEPENDENT TERM LIFE BENEFIT ELECTION

Benefit Amount

\$10,000

Employee Per Pay Cost

\$ _____

☐ Waive Coverage



Employee Assistance Program (EAP)

The EAP provides free, confidential, short-term assistance and counseling to employees and their dependents to help resolve a variety of personal concerns. The Program is administered by BlueCross BlueShield of Georgia. There are no costs, fees or copays for the EAP, which includes:

- Toll-free telephone consultation, coaching and crisis stabilization with a licensed mental health professional.
- Up to eight free face-to-face counseling visits, available at convenient locations, to address personal and/or work-related problems including, but not limited to: stress, depression, anxiety, health and wellness.
- Legal services, which include a 30-minute consultation with an attorney (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Financial services, which includes a 30-minute consultation with a CPA or CFP (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Customized resources, referrals and information for child care and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- Access to the BlueCross BlueShield website offering self-assessments and a library of valuable articles on mental health, stress management, work/life balance, relationships, substance abuse, emotional well-being, and legal and financial resources.

EAP services can be accessed 24 hours a day, seven days a week by calling **1-800-999-7222** or visiting www.wellpoint.com/yourEAP (password is Fulton).



Flexible Spending Accounts

The Health Care and Dependent Care Flexible Spending Accounts allow you to set aside money each calendar year to pay for non-reimbursable expenses on a pre-tax basis — before the money in your paycheck is taxed.

When you have an eligible expense, simply pay for it using the MasterCard convenience card. You may also submit a claim form and you'll be reimbursed. Either payment method would be with tax-free dollars from your account. It's the easiest way to cut your taxes. When you pay fewer taxes, you have more money in your pocket to save or spend. It's easy and so flexible....that flexibility is part of the name!

HOW MUCH CAN YOU CONTRIBUTE?

	Health Care Account Annual Limit	Dependent Care Account Annual Limit
Annual Minimum	\$1	\$1
Annual Maximum	\$2,500 (or \$1,250 if you are married and file separately)	\$5,000 (or \$2,500 if you are married and file separately)

Health Care Flexible Spending Account

You can use your Health Care Spending Account to pay for expenses not covered by your medical plan, such as deductibles, copays, coinsurance, non-covered vision and hearing expenses, prosthetics and durable medical equipment, non-covered prescription medications [including vitamins (if prescribed by a doctor)], and even over-the-counter medications (with the exception of diabetic supplies, over-the-counter medications require a doctor's prescription). In general, anything considered a medical expense for income tax purposes is eligible.

Examples of expenses not eligible for your Health Care Spending Account include meals and lodging while away from home for medical treatments, health club membership fees, insurance contributions, and cosmetic surgery.

Dependent Care Flexible Spending Account

Through the Dependent Care Account, you can use tax-free dollars to pay for the cost of daycare for your children (under age 13) or other eligible dependents, such as an elderly parent or disabled spouse.

Expenses that qualify for reimbursement include:

- Care provided in your home, as long as you do not claim the caregiver as a dependent on your federal income tax return.
- Services provided outside your home for a dependent that regularly spends at least eight hours a day in your home.
- Both parents (if married) must work outside the home in order to be eligible to participate in the Dependent Care Spending Account.

Dependent Care Tax Facts

Depending on your personal tax situation, it may be more beneficial for you to use the Dependent Care Account or the Dependent Care Tax Credit on your federal income tax form. It's always a good idea to check with your tax advisor to see which program is best for you.

How Your Money is Reimbursed

To receive reimbursement from your account, you need to submit receipts along with the appropriate reimbursement form to Colonial, the FSA administrator. When you enroll, reimbursement forms will be mailed to your home. If you have additional questions, please call Colonial at **1-770-465-3110** or **1-404-294-8881**.

Keep These Important Rules in Mind

The government imposes certain restrictions on Flexible Spending Accounts to give you the following pre-tax advantages.

- You lose any unused portion of your account balance remaining at the end of the year. Because of this **“use it or lose it”** rule, it is important for you to carefully estimate the money you set aside. You have until March 15th of the following year to submit all expenses incurred during the preceding year. Eligible claims need to be postmarked no later than March 15th to be eligible for reimbursement.
- Amounts are held in separate Health Care and Dependent Care Spending Accounts, and balances cannot be moved back and forth between accounts.
- You can increase, decrease, suspend or enroll mid-year only if you have a qualified life status change (e.g., marriage, divorce, death, birth or adoption of a child, or a change in your or your spouse’s employment).

Transit Benefit

The Transit Benefit Program allows you to use pre-tax dollars to pay for services from parking and transit providers anywhere in the U.S. in order for you to work.

You determine how much to put towards transit services per month. The maximum monthly contribution for commuting/transit expenses is \$125; the maximum monthly contribution for parking expenses is \$240. These limits are subject to IRS regulations and can change each year. Simply submit your receipts with the reimbursement form, and you will be reimbursed on a monthly basis from your account.

There is no “use it or lose it” rule as long as you are working. You can change your contribution rate on a monthly basis. Keep in mind, transit and parking are separate accounts, and you cannot transfer money between them.

Questions or To Enroll

For more information, call Colonial at **1-770-465-3110** or **1-404-294-8881**. Flexible Spending Accounts cannot be enrolled over the phone. Instead, Colonial representatives will be available during open enrollment to help you elect this coverage.

MY HEALTHCARE FSA ELECTION

☐ Waive Coverage

Annual Contribution

\$ _____

Per Pay Contribution

\$ _____

Estimated Tax Savings

\$ _____

MY DEPENDENT CARE FSA ELECTION

☐ Waive Coverage

Annual Contribution

\$ _____

Per Pay Contribution

\$ _____

Estimated Tax Savings

\$ _____

MY TRANSIT BENEFIT ELECTION

☐ Waive Coverage

Annual Contribution

\$ _____

Per Pay Contribution

\$ _____

Estimated Tax Savings

\$ _____

PRE-TAX CONTRIBUTIONS ESTIMATED TAX EFFECT

My Contributions \$ _____

Estimated Effect on Take-home Pay \$ _____



Disability Coverage

People typically don't think about what might happen if they become injured or ill and cannot work. However, being without a source of income can create a significant threat to a family's financial security. Unfortunately, this situation happens more frequently than most people think.

And, it can happen to anybody regardless of their age or physical condition. Our disability programs are designed to provide additional financial security to you and your family in the event of a disability.

Long Term Disability

This valuable coverage is provided by the County at no cost to you. The plan pays a portion of your pay when you can no longer work due to a non-work-related illness or injury that lasts beyond 180 days.

After a 180-day elimination period (the time you must wait before benefits are paid), you would be eligible for a monthly benefit, which is 60% of your base pay. The maximum benefit amount is \$5,000. If disabled prior to age 60, benefits may continue until age 65. If disabled at age 60 or older, the maximum benefit period varies.

Coverage is automatic; enrollment is not necessary.

Your County benefits may be reduced by any income benefits from other sources.

Additional Benefit Options

The following voluntary products may be available through Aflac, Allstate, Boston Mutual, Colonial Life, and Texas Life.

Short-Term Disability (STD)

Voluntary short-term disability coverage pays income benefit due to an off-the-job illness or injury. Benefits begin after an elimination period, and the Plan pays a percentage of your base pay for up to a maximum limit. This Plan offers a number of variables, so you design a Plan that best meets your needs.

Accident Plan

The Plan covers a wide range of off-the-job injuries and accident-related expenses. Accident Plan benefits are paid directly to you in addition to any coverage's you receive from your Medical plan. You have the freedom to use any doctor or facility, and there are no deductibles or copays to worry about.

Universal Life Insurance

If you want additional life insurance coverage, you may be interested in a life insurance benefit that provides permanent protection for you and your dependents ... while building cash value on a tax-deferred basis. Universal Life includes cash value accumulations with loans and partial withdrawals available (once the cash value has built up to certain limits).

Critical Illness

With the Critical illness Plan, you select the amount of the benefit, up to certain limits. There are no deductibles and you'll receive your cash benefit regardless of any medical plan you have. At the time you enroll, a few health questions will be asked that may determine the maximum benefit you can elect. You'll be notified if you have been approved for coverage and how much coverage will be issued.

For more information about these voluntary products, call:

Aflac: **1-800-992-3522** Allstate: **1-800-521-3535** Colonial: **1-770-465-3110** or **1-404-294-8881**.

Boston Mutual: **1-877-290-3930** Texas Life: **1-800-283-9233**

Tonik Health Plans

For anyone age 19 or older without health insurance, Tonik offers affordable coverage as low as \$86/month, depending on your age, gender, and medical history. There are three simple individual PPOs which include over 34,000 doctors and 169 hospitals in the network. The Tonik PPO offers coverage for everyday medical services, like checkups, as well as more serious medical needs, such as knee surgery.

When you enroll, you are covered for:

- Doctor visits
- Prescription drugs
- Emergency room care
- Dentist appointments
- Eye exams, glasses or contacts

Maternity coverage is not included.

For additional information or to enroll, please call Valerie Holt, Authorized Agent, at **1-404-402-8284** or visit www.Atlantahealthplansmadeeasy.com.





**If you have questions regarding your enrollment,
please call Benefit Harbor:**

1-877-305-3801

8:30am – 8:00pm (EST) Monday – Thursday

8:30am – 5:00 pm (EST) Friday